ROUTING AND TRANS THAL SLIP

Date

8/8/79

TO: (Name, office symbol, room number, building, Agency/Post)

•

Initials Date

- 1. Dr. Weyzen, OHER
- 2. Mr. Deal, OESD
- a. Mr. McCraw, OESD

4.

5.

Action File Note and Return Approval For Clearance Per Conversation As Requested For Correction Prepare Reply Circulate For Your Information See Me Comment Signature Investigate Coordination Justify

REMARKS

This refers to the same letters which I sent to you previously. Apparently the Office of Civil Rights sent them also to Interior who forwarded them to us. Just thought you might be interested.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No .- Bldg.

Bruce Wachholz

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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